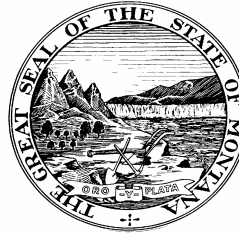


CONSUMER COMPLAINT FORM TELEMARKETING

Mail the completed form along with copies of all relevant supporting documents to:

Montana Department of Administration
Consumer Protection
Telemarketing Fraud Unit
PO Box 200501
Helena, MT 59620-0501
(406) 444-4500



This office enforces the Montana Telemarketing Registration and Fraud Prevention Act (Sec. 30-14-1401 MCA). We investigate complaints involving misrepresentations, deceptive practices or fraud that occur in connection with the sale or advertisement of goods or services via telephone solicitations. Please complete this complaint form and mail it to us. (Emails are not accepted)

WE WILL SEND A COPY OF THIS FORM TO THE BUSINESS FOR THEIR RESPONSE, SO PLEASE WRITE LEGIBLY.

Please print with ink only or type

SUBJECT OF COMPLAINT	
NAME OF BUSINESS:	_____
NAME OF PERSON YOU SPOKE WITH:	_____
PHONE NUMBER:	_____
BUSINESS ADDRESS:	_____
CITY/STATE/ZIP:	_____

Your Name _____
Last First Middle

Your Name _____
Last First Middle

Street Address _____

City State Zip Code

Telephone _____
() () ()
Home Work Daytime

Age? Please circle one: 20-40 41-60 61-80 over 80

1. First contact between you and the business (Please check one):

____ I received a telephone call from the business.

____ I telephoned the business. (Explain why) _____

____ Other: _____

2. Where did the transaction take place (Please check one)?

____ Over the phone

____ Other? Explain: _____

3. Date(s) of Call(s): _____

4. Did you ask the caller to "put you on their NO Call list"? (Circle one) YES or NO

5. Have you called and reported this complaint to the National Fraud Information Center hotline at 1-800-876-7060 or FTC Help at 1-877-382-4357? (Circle one) YES or NO

- [illegible]

Please enclose TWO COPIES of the complaint and all relevant documents. DO NOT send original documents.

WE WILL SEND A COPY OF THIS FORM TO THE BUSINESS, SO PLEASE WRITE LEGIBLY.

7. Did you sign a contract? (Circle one) YES or NO (If yes, please enclose copy)

8. Amount of payment: \$_____

Method of payment (Please check one):

Cash____ Credit Card____ Loan____ Check____

Date check was cashed (from your bank statement, if available:) _____

Have you contacted your credit card company to request a credit to your account?
(Circle one) YES or NO

9. Have you complained to the business? (Circle one) YES or NO

If yes, when?_____

What was the business' response: _____

10. Have you filed a complaint with another agency? (Circle one) YES or NO

If yes, what agency did you complain to (Please check all that apply)

J.P. Court_____ Police Dept_____ Attorney General_____

Consumer Affairs _____ State Auditor _____ Public Service Commission _____

Other:_____

What action was taken by this agency?

11. Do you have a private attorney representing you in this matter?
(Circle one) YES or NO

12. What do you believe would be a fair resolution to this matter?

I UNDERSTAND THAT THE STATE HAS FULL DISCRETION CONCERNING ITS ACCEPTANCE, INVESTIGATION, AND RESOLUTION OF THIS COMPLAINT, AND THAT THE STATE CANNOT ACT AS MY ATTORNEY AND NO ATTORNEY/CLIENT RELATIONSHIP IS ESTABLISHED AS A RESULT OF ANY ACTIVITIES UNDERTAKEN IN MY BEHALF.

If you desire legal advice, we suggest you consider contacting a private attorney to discuss your complaint.

I HEREBY AFFIRM THAT THIS COMPLAINT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE THE USE OF MY NAME AND THIS COMPLAINT IN INVESTIGATING THE COMPANY OR INDIVIDUAL COMPLAINED OF.

THE ABOVE STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE/DATE

NOTICE: Please enclose copies of all receipts, contracts, and any other documents necessary to explain the nature of the complaint. Please attach these to your complaint form.

PLEASE DO NOT SEND ORIGINAL DOCUMENTS!